

Windcrest Police Department

Business and Residence Camera Registration Program

First Name: _____ Last Name: _____

Business Name (Optional): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Number of Cameras: _____

Camera Locations (Select all that apply):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Front | <input type="checkbox"/> North Side of Building |
| <input type="checkbox"/> Back Yard | <input type="checkbox"/> South Side of Building |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> East Side of Building |
| <input type="checkbox"/> Patio | <input type="checkbox"/> West Side of Building |
| <input type="checkbox"/> Alley | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Front Door | <input type="checkbox"/> Lobby |
| <input type="checkbox"/> Back Door | <input type="checkbox"/> Hallway |
| <input type="checkbox"/> Room Office | <input type="checkbox"/> Other (Explain below) |

Comments: _____
